FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

14 ETHICS AND

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2010 OCT 20 AM 8: 46 USPS 10/19

COMMITTEE NAME (Must be same as on Statement of Organ	nization)			
			FORM	
IMPORTANT: Indicate by # type of committee you are reporting for:	ve // langan		DR-2	DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate	State PAC (3 \State Party		Rev. 12/2009)	REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School B 11) Local Ballot Issue	loard or Other Political Subdivision PA	C (E	or Office Use On	-
CANDIDATE COMMITTEES ONLY:			omm. #	
Candidate Name	Political Party (if applicable)			
Steve Mangan	RePublican			
Office Sought	District (if Senate or House)	3 1		
Recorder				
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co	suant to lowa Code sections 68B.32/ ommittee, is the individual responsible	A(7) and 68/ e for filing ti	A.401(3), the car mely and accura	ididate, for a ite reports.
Jams a. Drund	563-659-9237		10-18-	10
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		10-18- DATE SI	GNED
IAM FILING A 10-19-2010	REPORT FOR (1) ELECTION	I //2\NON.	ELECTION VE	
(report date)	Indicate by	-	ELECTION 127	arc.
CHECK IF AMENDMENT TO REPORT DATED	·	[[mittees, enter Dai	a of Pleating
	*************************************		OD-201	
Check if this is final (termination) report and attach Notice of	Dissolution Form DR-3.	1	ocal Committees,	~
(You must continue to file reports until a DR-3 is filed.))	which Elec	tion is held Ton	
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total	al of all funds held by the			
committee. This amount MUST be the same as the coof the last reporting period or must be zero if this is fire	ash on hand at the end	\$	*************************	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD				_
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-kind below)			820.00
Schedule F: Loans Received total (Attach Schedule F	⁼)	*********		500.00
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)			
(Schedule H applies to Candidates' Comm	littees Only)			
	SUB-TOTAL	\$		320 <u>=</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				a
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	•••••		872 27
Schedule F: Loan Repayments total (Attach Schedule	∍ F)			***
CASH ON HAND at the end of this reporting period (if final repo	ort balance must be zero)	\$		447 73
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		-
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	ule E)	\$		314 88
**OUTSTANDING LOANS (From Schedule F - Attach Scheduk	• F)	\$		500 <u>00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES 1	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	th Schedule H)	\$		•
		•		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

	e eners	MADES /	حط فيدركا							
	CAMATTEE		TOTAL INC.		UI OHII	ement or	Urganiz	aponj		
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17	Commr	Hoo	Andrew Al	00-06	20 4	S44	. 11	1-1.	الاستقدة	
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	CHEDU A	MONETA	NRY
Ľ	Rev. 07/		
		THIS B ING FO	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$780 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (MWDD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE? (if applicable)	AMOUNT RECEIVED	V IF FOR FUND: RAISER INCOME
	CK#			S	
9/2/10	ID# CK#	CAROLYN GRIMES 530-30+AAANO. Clinton IN 5732		50.00	in .
9/15/10		Joy Smith Ave, 138-114 Ave, Dewitt, Ja 52742		25,00	
9/23/10		DIANE CASSADAY 3110 HARTS MILL Rdi CLINTON JAL 52725		100,00	
9/30/10		CINTON REPubliCAN Women's SUBAN TUGANA, PROSIDENT IPLATAN AXE ZITOZ		300.00	
10/8/10	CK#	Dewitt, JA . 527/2		75.00	
10/4/10		Clyde BRADIEY. BINTON, IA. 50732		100.00	
10/9/0	СКФ	PAT REED - P.R. FOODS 3101-26 MAN, MOLINE IL. 61265		50,00	
10/10/10		Jim Kedley 1109 BROOKVIEW DR. Dewitt, JA: 52742		100.00	
	CKM	Andrew Communication (Communication) and the Communication (Communicat			
			SUESTIONAL.		

TOTAL (If last page of this schedule)

Page of (for Schedule A)

[&]quot;Oteclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives by marriage). If surriams of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must I	be same a	s on Stateme	nt of Organizatio	n)
Committee	To Re	elect	Steve	Mangan

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Kros Radio	Radio Ad	
9-29-10	CK#	810 13th Ave No. 10 Box 0518 Clinton IN 52732-0518	<u></u>	\$ 17500
	ID#	KCLN Radio	Radio Ad.	
10-1-10	CK#	1853 442 va Av. Clinton IA 52733	Caro - Ca ,	180 €
	ID#	HMAG Radio	Radio Ad.	
10-5-10	CK#	Muguoketa TA 52060	Kadio AU.	ひの
	ID#	The Observer	Newspaper Ad	ra
10-13-10	CK#	P.O. BOX 49 De Witt 78 52742		11358
	ID#	0+fice Max 2808 50. 25# 51.	Printer Ink	
16-13-10	CK#	2808 So. 23 # 51. Clinton In 52732	Printer Paper Pencils	100 84
	ID#	Office max	Printer Ink	16
1013-10	CK#	2608 50 55# 54. Clinton I4 52732	TOTAL TOTAL	60 16
	ID#	Kros Radio	Radio Ad	95 00
10-11-10	CK#	210 13th Ave. NO P.O. Box 0518 Clinton FA 32732-0518		
	ID#	The Observer	Newspaper Ad	
10-14-10	CK#	PO. Box 49 De Witt IA. 50742		75 73
		,	SUB-TOTAL	2

TOTAL (if last page of this schedule)

\$ 872 27

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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Page		of	

FOR INSTRUCTIONS	SEE BACK OF FORM
PURING IRUGIIUNS.	SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
Committée to Re-elect Steve Mangan Roset Form		K THIS BOX IF DING FORM

SCHEDULE

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
7-2-2010	Clinton County Republican Central Committee RO. Box 455, Clinton IA. 52733-0459	None	My Name war Printed on an Invitation	373 <u>0</u>	
B-13-10	Steve Mangan	Same	Candy for Parade	3 3 <u>5</u>	
8-27-10	7)	Same	Candy for Parade	5 35	
9-10-10	" "	Same	Paper for Printing	1176	
9-16-10		Same	Ad in Newspaper	106 05	
9-11-10	11 11	Same	Advertising on Bus	976 15	
9-29-10	Clinton County RePublicar Central Committee P.O. Box 455, Clinton In . 52733-045	5 None	Newspaper Ad	155-28	
10-9.10	Steve Mangan 2223 320th Ave De Witt IA. 58742	Same	Printer INK	1764	
			SUB-TOTAL	\$	
			TOTAL (If fact page of this schedule)	1,31488	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)

Clinton County Republican Central Committee

PO Box 455

Clinton IA 52733-0455

Dear Candidate:

This letter is to notify you of gift in kind for fund raiser held at Dr Hunt, Clinton lowa. July 2 2010 in amount of \$37.30.

Sincerely

Dr Gary Parsons

Treasurer

Clinton County Republican Central Committee

PO Box 455

Clinton IA 52733-0455

Dear Candidate:

This letter is to notify you of in kind gift of 155.28 for your share of ad in Clinton Herald 9/29/ 2010 In amount of \$155.28.

Sincerely

Dr Gary Parsons

Treasurer

R INSTRUCTIONS, S			
		RESE	SCHEDULE
MMITTEE NAME(MU	st be same as on Statement of Organization)		F
Ommitt.	To Pool + So ha		(Rev. 02/08) RECEI
	To Re-elect Steve Many	ian	& REP
i == 1199 scuedine tel	ports money loaned to the committee which is deposited in	the committee account.	L CHECK THIS BO
TAL UNPAID LOANS	FROM LAST REPORTING PERIOD \$	-0	AMENDING FOR
RT I - MONETARY L	DANS PECENED THE PERSONNEL		
(Onginal source	e of toan, such as a bank, must be shown if a third party is	involved. Include loans from	candidate's personal funds.)
DATE			•
RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP	O AMOUNT OF LOAN
(MM/DD/YR)	*	CANDIDATE (If Applie	cable*)
5	Teve Mangain 123 320th Ave 1c Witt IR 52742		\$
9-29-10 2	223 320th Aug	002	
	e With IR 527112	SAME	50000
	23191		
1			
i		i	1
i		1	
		TOTAL (PART I)	\$ 500 @
RT II - MONETARY L	OAN REPAYMENTS MADE THIS REPORTING PERIOD		\$ 500 œ
XT II - MONETARY L (Loans forgiven	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD must be reported on Schedule E In-kind Contributions.		\$ 500 <u>@</u>
DATE PAID	must be reported on Schedule E - In-kind Contributions.)	
DATE PAID	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD I must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	D AMOUNT REPAID
DATE PAID	NAME AND ADDRESS OF LENDER)	D AMOUNT REPAID
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PATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	D AMOUNT REPAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE® (If Applic	D AMOUNT REPAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH	RELATIONSHIP TO CANDIDATE* (If Applic	AMOUNT REPAID \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH	RELATIONSHIP TO CANDIDATE* (If Applic CANDIDATE* (If Applic CANDIDATE*) REPAYMENTS (PART II) AL LOANS FORGIVEN	AMOUNT REPAID \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH: From Schedule E TOTAL TOTAL OUTSTANDING LOANS EN	RELATIONSHIP TO CANDIDATE* (If Applic CANDIDATE*) (If Applic CANDIDATE* (If Applic CANDIDATE*) (If	AMOUNT REPAID \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH From Schedule E - TOTAL TOTAL OUTSTANDING LOANS Exandidate committees to disclose the relationship of any respectively.	RELATIONSHIP TO CANDIDATE* (If Application of Report Periodative)	AMOUNT REPAID \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
DATE PAID (MM/DD/YR) losure law requires cong a contribution to the require to the requirement of the requi	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH: From Schedule E TOTAL TOTAL OUTSTANDING LOANS EN	RELATIONSHIP TO CANDIDATE* (If Applic CANDIDATE*)) REPAYMENTS (PART II) AL LOANS FORGIVEN ND OF REPORT PERIOD lative gree of	AMOUNT REPAID \$ \$ 5 5 5 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8